

Patient

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ICANotes Behavioral Health EHR

Demographics

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Photo

Chart Details **Armendariz Barela, Eva** **10000107**
Patient's Name **51 Yrs** **Patient's ID**
DOB **6/19/1972**

Anaphylactic Reaction Reported

Patient Reviewed Demographics

Patient Information

*Name (F,M,L,Suffix) **Eva** **Armendariz Barela**

Homeless Address **610 N. Silver**

Bad Address Addr 2 / Appt # **grant**

Sample Chart City, State, Zip **Silver City NM 88061**

Best Phone Home Phone **(575)590-8253**

Home Cell Phone **(575)590-8253**

Work Work Phone **ext**

Cell Email

Email 2

Portal

API

Appt Reminders via: Email Text Message Phone Message

Employment Status

School or Employer

Grade

Marital Status **partnered (living with)**

Sexual Orientation

*Ethnicity **Hispanic or Latino**

Ethnicity 2

Religion

Annual Household Income

Family Size

Veteran Y N

*Race

Race 2

*Preferred Language **English**

Disability

Insurance Information

*Date of Birth **6/19/1972** Age: **51**

Unique Patient ID **1000010729151**

*Gender **woman** **more** *Sex: **F** **Red fields are**

Refer to patient as **Eva**

SSN # **546-17-0134**

Other Names

Alt. Patient ID

Previous Address

Other Contacts

*Date of Entry **12/16/202**

Extra Privacy

MAR API

Patient's Condition

Date Of Current Illness Onset Date Of Similar Illness

Date of Current Admission: From To Admitting DX

Dates Unable To Work: From To

Condition Related To Employment? Yes No

Condition Related To Auto Accident? Yes No

Condition Related To Other Accident? Yes No

State Of Accident

In treatment Previously? Y N If yes, where?

Date Of Death Preliminary Cause

Release of Info Adv. Dir.

Patient Calendar Note Miscellaneous Notes

Custom Fields